

Best Available Copy

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5	1						55			
6		1					56			
7							57			
8	1						58			
9		1					59			
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11		1					61			
12			1				62			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			